

FT. CAMPBELL DENTAC Unit Commander's Inbrief

One of my most important tasks as DENTAC Commander is to inform supported unit commanders of the DENTAC mission and to provide information to unit leaders on the significance of dental readiness. I also want you to be aware of the tools provided by the Medical Command (MEDCOM) and the Dental Command (DENCOM) to assist you in meeting your command responsibilities relating to dental readiness.

UNIT DENTAL READINESS

The Vice Chief of Staff of the Army and The Army Surgeon General have identified MEDPROS as the reporting source for all Individual Medical Readiness (IMR) measures. Dental Readiness reporting is just one of many IMR measures Unit Commanders will access via MEDPROS.

Dental Readiness is a shared responsibility by (1) the unit commander and (2) the individual Soldier with cooperation from the supporting dental clinic. The CQ must ensure the Soldier is made available to receive required care and be supportive of force health protection activities to reduce dentally related emergencies. The Soldier must commit to maintaining his/her medical/dental readiness by following healthy lifestyle practices and adequate preventive hygiene patterns.

The supporting Dental Treatment Facility (DTF) is responsible for providing the dental care required to improve the Oral Health of supported soldiers, establish a strong health promotion activity to reduce the numbers of dental emergencies, coordinate with unit readiness personnel to maximize resources to supported units, and accurately record the Dental Readiness Category for each Soldier.

The Dental Readiness Categories are based upon the likelihood a Soldier will be lost from duty because of a dental issue (a "dental casualty") within the next 12 months. The Dental Categories are:

- Class 1 = Soldier requires no dental treatment for next 12 months
- Class 2 = Soldier needs routine dental care, but currently has no one condition likely to cause an emergency in the next 12 months
- Class 3 = Soldier has a dental problem that is an emergency OR likely to become an emergency within 12 months
- Class 4 = Soldier needs an Annual Exam to determine their needs

The Army standard for unit dental readiness is 95%. So, 95% of your Soldiers need to be dental readiness class 1 or 2. If you have > 5% dental readiness class 3 or 4, your unit is considered below the standard.

DENTAL READINESS REPORTING

Unit Commanders should access all information related to their Unit's Dental Fitness statuses via the MEDPROS Dental Readiness Reporting tool found at:

<https://conus.meds.army.mil/medpros/secured/>

All Unit Commanders and Readiness personnel may request access to this Web-based product following the instructions in the attached Unit Dental Liaison (UDL) Smart Book.

DENCOM utilizes a worldwide database called Corporate Dental Applications (CDA) to monitor unit dental readiness, along with many other management metrics. The great value of CDA to individual units is that the UDL can obtain a password to access the CDA database (read-only) to get an up-to-date unit roster, which can be sorted to quickly identify Class 3 and 4 Soldiers. Also, the UDL can access CDA to view unit Soldiers' upcoming dental appointments. With this information, unit leaders can truly take care of their Soldiers by insuring they abide by their appointment commitments, or call the clinic to cancel the appointment if duty requirements supersede making the appointment. Whenever an appointment is missed, it causes the greatest waste of our most precious resource-staff time to treat the patient. Without a patient, we cannot perform our mission, or assist you in meeting your readiness requirements. I request your support to get this failed appointment rate below 5%, the Army standard.

UDL'S

At Ft. Campbell, we have implemented a program used at many installations called the UDL. The UDL is (preferably) an NCO that serves as the primary interface between the supporting dental clinic and the unit leadership.

Duties and Responsibilities of the UDL

The UDL will manage dental readiness and produce dental readiness reports through MEDPROS. Instructions are in the attached UDL Smart Book.

The UDL will conduct a monthly audit of the unit's personnel roster against the unit roster contained in MEDPROS and CDA. The DENTAC cannot manage the MEDPROS database. This is a unit and G-1 function. Issues with the unit database in MEDPROS need to be addressed in collaboration with G-1.

The DENTAC is responsible for managing the CDA database. If, during a unit roster audit, any discrepancies are found, please contact your Dental Readiness NCO (Clinic Readiness NCOs are listed on page 13 and 17) to resolve these discrepancies. An accurate roster in CDA is critical to effectively managing your unit's dental readiness program, as this information feeds into MEDPROS.

Periodically (recommended weekly but no less than twice a month) the UDL should view CDA to:

- Identify Soldiers in dental class 3 (a potential for a dental emergency) and arrange for the Soldier to obtain an appointment to have the class 3 condition corrected.
- Identify Soldiers currently in dental class 4 (no exam within 1 year), and inform the Soldier to obtain an exam, or make an appointment to have a dental exam performed.
- Identify Soldiers about to become class 4 (exam next due date approaching) and inform the Soldier to obtain an exam before that date to prevent reverting to a class 4.
- Identify Soldiers that are deployed. It is still necessary to indicate deployed Soldiers in CDA for dental management reports.
- Arrange appointments through your assigned dental clinic for Soldiers in dental class 3 and 4, and for updated annual exams.

The UDL is provided with a UDL Smart Book that gives concise but comprehensive instructions on how to retrieve dental readiness reports and other pertinent dental information from MEDPROS and CDA. I have attached a copy of the UDL Smart Book for your use, and to share with unit leaders as you have the need.

OTHER DENTAL READINESS ISSUES:

From my perspective, class 4 Soldiers are the equivalent of a deadlined vehicle or piece of equipment. How quickly would you take me up on an offer to make a deadlined vehicle or piece of equipment operational with just 15-30 minutes? That is what we can accomplish for you and your Soldiers. In practically every unit, if all Soldiers had a current dental examination (out of dental class 4), the unit would meet the standard. This could be accomplished quickly by sending just a couple of Soldiers a day to the dental clinic at 0730 to get their dental exam.

I have just addressed class 4 Soldiers (no up-to-date dental exam), but the class 3 Soldier is identified as such for a reason. Our prediction is that this Soldier will experience a dental emergency within the next 12 months unless treated. The better course of action would be to lose the Soldier in garrison to have this required dental treatment completed, than to have a dental casualty hamper or endanger a mission if deployed, or compromise your training in garrison. We give priority to class 3 Soldiers, so leaders should ensure that Soldiers' class 3 conditions are corrected ASAP.

It is the DENTACs policy, one which I hope you will support, that Soldiers who are class 3 who have a dental appointment can only cancel that appointment by having the unit Commander or 1SG contact the supporting dental clinic. This prevents a Soldier who is class 3 from continuing to avoid having the class 3 condition resolved.

SICK CALL/DENTAL EMERGENCIES

Dental sick call occurs every duty day at 0730. If a Soldier needs to be seen for a dental problem, they should report at 0730. If the condition is serious enough to be seen without an appointment, it should be a priority to come to the clinic ASAP. We block off time to examine and treat patients during dental sick call. Reporting at other times for sick call conflicts with other patients with appointments, and will cause a greater delay for the Soldier to have the sick call condition treated.

Dental emergencies will be seen at any time. For true dental emergencies occurring after normal clinic hours, present to the BACH Emergency Room or call them at 798-8000 or 798-8401. Family members should seek emergency care from their Tricare Dental Plan personal dentist. (see below). Examples of true dental emergencies include: jaw fracture, lacerations, knocked out teeth, severely fractured or displaced teeth, oral swelling that interferes with breathing, fever >101 degrees F from oral infection, uncontrollable hemorrhage, or severe acute toothache pain not controlled by medication. **DENTAC policy requires that any female seeking after hours emergency care must have an escort with her at all times.**

FAMILY MEMBERS

Family Members are not authorized to be seen or treated at Ft. Campbell Dental Clinics. The Department of Defense has provided the Tricare Dental Plan as the means by which our family members (mine included) receive necessary dental treatment and care. Eligible beneficiaries can sign-up for the Tricare Dental Insurance plan by calling 1-888-622-2256 or accessing their website at www.ucci.com.

SUMMARY

You should expect to receive a monthly report on our dental clinic failed appointment rates and any special topics or information that are pertinent to units in general, or your unit in specific.

In conclusion, please verify that your unit has a UDL, and that they can provide you and the unit all the information I have described above. If not, please contact the Dental Readiness NCO at your supporting dental clinic.

The Ft. Campbell DENTAC is constantly ready to meet the needs of Ft. Campbell Soldiers. Please feel free to contact me (info below) or your Dental Readiness NCO if you have any questions or require any assistance. Together, we can meet the dental requirements of 101st ABN DIV (AASLT) and Ft. Campbell units and their Soldiers. Hooah!

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